

DEPRESSION AND PAIN

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Abstract

Depression and painful symptoms are closely related and commonly occur together. The prevalences of pain in depressed cohorts and depression in pain cohorts are higher than when these conditions are individually examined. Chronic pain results not just from the physical insult but also from a combination of physical, emotional, psychological and social abnormalities. It is a complex experience that affects thought, mood and behavior. Because many pains persist after an insult is healed, the ongoing pain rather than the injury underlies the patient's disability. Untreated pain may become self-perpetuating because pain has immunosuppressive effects that leave patients susceptible to subsequent diseases, can lead to isolation, immobility and drug dependence. The presence of pain negatively affects the recognition and treatment of depression. When pain is moderate to severe, impairs function and/or is refractory to treatment, it is associated with more depressive symptoms and worse depression outcomes (e.g. lower quality of life, decreased work function and increased health care utilization). Similarly, depression in patients with pain is associated with more pain complaints and greater impairment. Pain is depressing and depression causes and intensifies pain and can create a vicious cycle. Depression and pain share biological pathways and neurotransmitters, in the emotional (limbic) region of the brain, which has implications for the treatment of both concurrently. Assessment carefully and treatment of depression and pain simultaneously is necessary for improved outcomes.

Key words: depression, pain, impairs function, treat simultaneously

Pendahuluan

Depresi sering bersama keluhan somatik di antaranya yang berhubungan dengan nyeri, misalnya nyeri kepala, nyeri punggung, nyeri dada, nyeri ekstremitas, nyeri perut, dan lain-lain. Gangguan Depresi Mayor dan nyeri kronik sering ada bersama-sama, walaupun kekuatan korelasi antara nyeri kronik dan Gangguan Depresi Mayor masih belum jelas, karena banyak dan bervariasi variabel yang memengaruhi pada kedua kondisi ini, di samping itu dari berbagai penelitian, menggunakan sampel kecil dan sampel dari pengobatan tersier sehingga sangat selektif. Prevalensi nyeri pada pasien depresi bervariasi antara 15-100%, sedangkan prevalensi depresi di antara pasien nyeri sebesar